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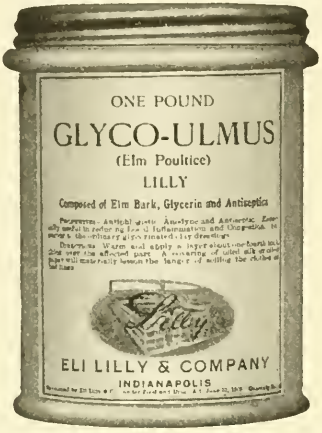

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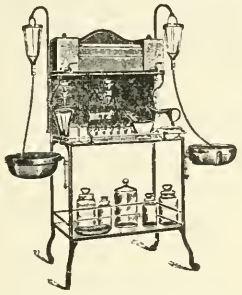

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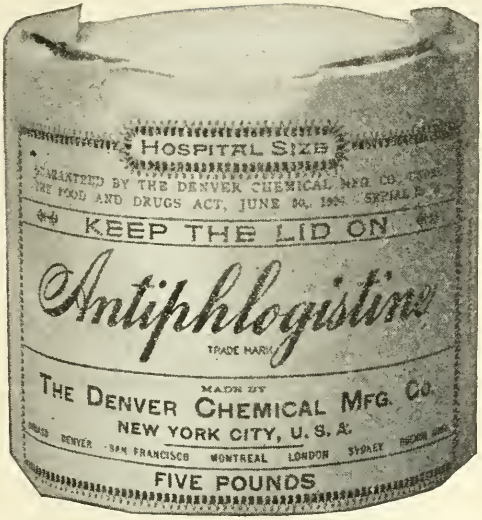

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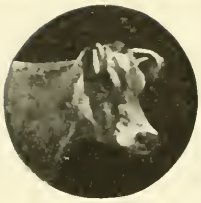

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Vol. LVI, No. 11 BALTIMORE, NOVEMBER, 1913 Whole No. 1146

PRESIDENT'S ADDRESS

AMERICAN THERAPEUTIC SOCIETY.

May 5, 1913.

By Noble P. Barnes, M.D.,
Washington, D. C.

Gentlemen of The American Therapeutic Society—It is perhaps superfluous for me to express my profound appreciation of the distinguished honor that has been conferred upon me by this society, America's representative of advanced therapy. Seemingly, it would be a grievous error if left to the unwritten understanding.

Realizing the exalted position is not a lone feeling of satisfaction, for the president of a national organization like this is all the more "a debtor to his profession," and is deeply sensible to the associated responsibilities. This occasion of supreme attempt is, therefore, approached with hesitancy, even timidity, when, reflecting for a moment, I recall the celebrities in whose shoes I am standing, if not filling, today—Wood, Wilcox, Satterthwaite, Barker, Osborne, Beck, Reyburn, Shoemaker, Gerrish, Wilson, Wiley and Blackader.

My thirteen years as secretary to this society have been a great schooling; an annual post-graduate course of new therapy six to twelve months in advance of the press. This and another selfish reason are my excuses for inflicting my services for so long a period.

There is a sense of delight in meeting and rubbing shoulders with and knowing great men, but there is a greater satisfaction in having them know you. A secretary is always known, possibly not always pleasantly, but he is known; therefore my second excuse. Rewards today realized are a greater measure then, than my meagre efforts deserve, and must be regarded, at least in part,

an expression of respect for my colleagues, the local members, who have likewise contributed to the success of the Washington meetings of the Society.

To read the programs of the scientific sessions of the American Therapeutic Society is to review the advances in the practical and most important branch of medicine and surgery in a period of time that has outstripped the accumulation of all ages in scientific attainments; resulting not only in the greatest relief for the individual patient, but the broader conception; the prevention of disease and the care of the public health.

Therapeutics of today is not an art, but a collection of facts, scientific or empirical, and the latter are passing through the furnace of scientific proof. The instruments of precision and investigation that made histology, physiology, bacteriology and pathology have now entered the field of therapeutics. These scientific studies have given us our chemotherapy, our serums and our vaccines, the action of which only a few years ago would have been miracles.

The entire scope of accurate therapy co-ordinates with scientific results that can be prognosticated. The old blind unreasoning faith in the mysteriously wise physician is gone, and through thoughtful reasoning and accurate deductions, we have passed into the spotlight of science, with corresponding death-rate reduction, diminished infant mortality and lengthened span of life. The remnants of fanciful theorizing and superstitious faith are nowadays seen only in cults and pathies born of ignorance and nourished by selfish imposition of the unscrupulous on the still ignorant.

Until recently the general profession was several years in arrears of advanced medicine, and the people several years behind the general profession. Notwithstanding the advancement made, it is yet an interesting fact that the professional ability of a predecessor can be accurately gaged by the family's knowledge and application of the principles of health and hygiene.

It is needless to remind you that a few decades ago there was little scientific therapy; that the organizing of The American Therapeutic Society was for the purpose of giving life to the important excuse for our professional existence, the treatment and prevention of disease.

Need I remind you that our drug armamentarium was in a questionable condition; that our pharmacies were surfeited with proprietaries, and that so-called synthetics and new combinations were strangling all attempts at rational drug therapy?

Need I remind you that one of the first acts of this Society, May 2, 1900, was to present a plan to the Pharmaceutical Convention, then in session, relative to the forming of a bureau of materia medica investigation? This plan a month later was presented to The American Medical Association, and finally culminated in the establishing of a Council on Pharmacy and Chem-

istry, which, together with efforts of a similar department of the government, has accomplished inestimable good for both layman and physician.

Need I to remind you that in order to systematically tabulate the progress in therapy a method was first instituted in our New York meeting of 1902 to review the advances in various branches? This suggestion was soon adopted by leading societies and journals all over the world. Live again for a moment that inaugural symposium with D. B. St. John Roosa, William H. Carmalt, Charles H. Knight, Eugene Fuller, Charles G. Kerley, Ed. D. Fisher, Mathew D. Mann, Charles Jewett, Newton M. Shaffer, William J. Morton and Charles W. Allen.

Need I to remind you in another year we had taken up the important subject of the teaching of therapeutics, and the equally important proposition of drug standardization? Still another year and we have a survey of advances in anesthesia, that stands in advance to this day, and the study of combat with infection given by an equally strong array of talent.

Symposia, on Diseases of the Vacular System, The Treatment of Tuberculosis, on Roentgen Ray Therapy, on Diabetes, on Cholelithiasis, on Diet, on Psychotherapy, on Matters Pertaining to the Revision of the Pharmacopœia, and lastly on the Etiology and Treatment of High-Blood Pressure, have been presented by men of advanced thought and authorities on their respective subjects.

Likewise every form of therapy, from chemical to mechanical, from physical to psychical, from curative to preventive, has been presented by a score of experts. Papers on metabolism anaphylaxis, immunity and every phase of advanced medicine and surgery have entered into the varied, interesting and instructive programs.

It was, indeed, a happy time for the birth of a therapeutic society that was to live in, and to assist in, the development of modern scientific medicine.

In this day of The American Therapeutic Society we have traveled from the discovery and understanding of many pathogenic bacteria, the etiological factors in many diseases, their means of invasion, their hosts, their life and habits and the measures to employ to prevent or neutralize their existence, to the benevolent organisms, and their employment in combating disease and deferring old age.

We have come to realize that these lower forms of life, hitherto impenetrably shrouded, have, through their influence on man, actually ruled the universe from all time. Good or evil government, health or disease, strength or weakness, depending entirely upon the opposing forces; the beneficent or malignant microbes constantly at war in the human body.

The triumph of health over disease is an understanding of these. We no longer wait for the deadly microbe to intrench

and mass, but anticipatingly defend by immunizing. Thus have the scourges smallpox, lockjaw, typhoid, diphtheria and hydrophobia succumbed to science.

This modern conception of disease, its causes and prevention, has made health resorts out of previously diseased and death-ridden districts. It has enabled our armies to be massed without having hundreds die of disease to every one killed in battle. It has permitted the completion of the greatest engineering feat of modern times. It has enabled Stiles and his co-workers to overcome the insidious worm of laziness. It enabled Surgeon General Blue and his force to prevent recently the spread of cholera and the bubonic plague. It enabled McLaughlin to understand the cause of infant mortality where the mothers were living on foods lacking in nitrogenous element. It has enabled the hygienic labratory to prepare rabies antidote, not only for cases that come here for treatment, but for those applying for treatment at the health departments in any part of the country. It has given pure water and pure milk to the community. It is hopefully wrestling with pellagra, cancer and other diseases not yet surrendered.

Never in the history of mankind has there been a period of time so replete in activities for lessening disease and accident, preventing mental and physical suffering, and contributing to the happiness of the whole people.

This is truly the age of the gospel of health and hygiene. Results are already apparent. The health office report for 1912 announced the lowest death rate ever known in the District of Columbia. In two decades death from typhoid was reduced more than 66 per cent.; from tuberculosis over 33 per cent. We now count on a span of life about ten years more than the allotment of 1900.

It requires restful reflection to realize the changes in modern life resulting from recent scientific medical discoveries. The practical application of these have made it possible for masses of humanity to live in comfort and health where overcrowding was formerly penalized by death. The whole scheme of modern life is built around modern sanitation, the removal of which would cause our modern cities to shrivel with a promptness that would fade into significance the pestilences and plagues of the past.

While in harmony with all methods of public education that are conducted along rational lines, I cannot refrain from calling your attention to this swift-moving age, with its thirst for individual aggrandizement and notoriety. The classic can now be changed to read,

> "Lives of great men all remind us
> We can make our lives eternal
> Without departing, have beside us
> Four-inch headlines in the JOURNAL."

In this day we have movements, founders, organizers, expounders, professional philosophers and general disturbers of the peace. We have a multiplicity of authority on education, social

order (or disorder), moral (or immoral) hygiene, political economy, international diplomacy, cattle, cats and children. There are some real artists in this line who get money, it is claimed, for every word they write, and there seems to be no limit to the writing. Some good, some bad, some dangerous.

The anxious mother, who has a dyspeptic and unnatural child, or a normal one, for that matter, must feel a sense of relief when she shifts the responsibility of the child's diet and living to the guidance of a dietary expert, who boldly states that the child may select his own diet, and there shall be no argument about it, for "he wants what he wants when he wants it." This, "like the love of God, passeth all understanding."

In this education and re-education of mankind there is evidence of the general wave of hysteria that has spread over the world. Here are two men writing on the same subject—"Care of the Skin," etc. One is enthusiastic over soaps, listing a sufficient variety to arouse suspicion; the other decries its use, and belittles the mind still clinging to the delusion.

Here is another man, remotely removed from the New York subway, who believes that agitating the air, no matter how confined, the currents produce the desired degree of freshness.

Still another interesting suggestion, novel enough for notice, comes from a French educator, Dr. Leon Meunier. He claims that walking on all fours after a meal is the best means to expedite gastric evacuation. There will be opportunity for the members to confirm this statement during this meeting. To walk around the tables in this manner may appear unprofessional and undignified, but why object so long as the right education is being given to an organ that shows a rebellious spirit during occasions of this kind.

Then we have the mushroom sex educators, often perverts, with their "important messages to parents." If there was ever a day when a child needs our deepest consideration that day is here. Such a bombardment of advice has never before been directed against the helpless innocent. Here is a book on "How to Train the Young," "What Should a Girl Know?" "What Should a Boy Know?" etc. Some of these books are good, some excusable, some devoid of sense and abounding in suggestion. Some the products of spinsterhood, some the expiring efforts of masculine senility. Pity the child who falls victim to these hysterical effusions.

The influence of the press on the evolution of the people is an important and serious matter. More attention should be given to the medical items that are sometimes handled in a careless manner. The people have a right to receive accurate statements, and the editors are anxious to supply the public demand. Misrepresentation may occur when an enthusiastic reporter desires to supply an interesting news item; more often the error is the

result of the effort of some self-appointed educator to air his name and address, and frequently his cure.

The greater the interest in subjects pertaining to health and hygiene the better for preventive therapeutics. Therefore, any means of disseminating medical knowledge that is correct and proven, that eliminates the undesirable and the untrue, is proper. No vehicle can carry this burden better than the daily press.

A presidential address should contain at least one suggestion, even if it be but the "two grains of wheat hidden in two bushels of chaff." Therefore, your indulgence for a few minutes to discuss briefly a subject that has, I dare say, been in the minds of every thinking physician since his college days.

Hosts of students are so confused in their study of pharmacology, so drowned in the enormity of its propositions, so discouraged in the monotonous memorizing of the meaningless mass that they fail to collect and retain the wheat, and in due time become drug nihilists or thoughtless prescribers of proprietaries, replenishing their forgotten studies with the dictum of some manufacturing pharmacist, who enlightens them with all the brand-new therapy published in an advertising sheet with a big-sounding name at a dollar a year, and a clinical thermometer thrown in, "Make it two, and receive a leather pocket case with our specific drugs."

Many other men absorb a great amount of materia medica, and are clever at prescription writing in the second year, but the clinical staff, educated in the old way, slights therapeutic application, fits patients to numbered combinations, and the labor of a year is lost. If the clinician prescribes nostrums, what can be expected of the young graduate? He naturally becomes a thoughtless, indifferent prescriber of the "elegant pharmaceutical preparations" of which he knows nothing except what he gleans from the manufacturer's literature, "a highly-colored expression of printers' art," and he proceeds to medicate accordingly. Can drug therapy advance under these conditions?

These shortcomings might have been, to some extent, attributed to our lack of exact facts in the past, but today we have enough facts to make a perfectly rational teaching materia medica. It is the amount of facts and knowledge a physician uses that makes his work successful. Inert agents, misapplication and faulty technique make a failure of the best of them.

If we but teach and practice with the absolutely proven drugs, materia medica and drug therapy would be placed on a sound and rational basis.

The American Therapeutic Society has a duty to perform right here in preparing and presenting to the teachers and examiners a properly limited materia medica with a rational, scientific classification. This will at once give influence and impetus to a successful, scientific drug therapy.

In the first place, only drugs of indispensable value and, so far

as practical, chemically assayed or physiologically tested should be admitted. The manufacturing chemist and pharmacist, and the physiological laboratory man, can supply us with drugs of known purity and strength, giving us dependable products, properly selected, properly manufactured, standardized and properly marketed and properly dispensed.

This accurate knowledge of the important drugs will soon restrict the multitude of recognized and unrecognized remedies, give better control and better quality to these remedies, and enable the student to master everything concerning the selected drugs from pharmacognosy to pharmacodynamics, everything from solubility to incombatibility, everything from methods of administration to variances in action.

As stated in the special article of the A. M. A., "The Pharmacopœia and the Physician," Chapter XVIII, "The use of the term is often an admission of our want of exact knowledge of the mode of action of the drug or remedies so classed." An illustration of this is given in Chapter XX, "Alteratives are tonics, which in some unknown way favorably influence the process of nutrition which has been disturbed by disease." Now, if the use of mercury as an alterative is most apparent by its influence on the spirocheta pallida, why is it any more of an alterative than quinine in its application to the plasmodium hematozoon when the latter has been classed as a tonic and antiperiodic?

Chapter XVII takes up "Circulatory depressants, beginning with "The circulation may be depressed by acting on those structures the stimulation of which causes an increase in blood pressure," an accidently erroneous statement. But why this uncertain, unthinking classification? The present-day teaching and textbook classification, with few exceptions, throw small light on the practical application of scientific drug therapy. The continued use of the old classifications, such as tonics, alteratives, antiperiodica, emmenagogues, etc., are with our modern understanding, to say the least, reactionary, if not ridiculous.

This teaching materia medica, with its rational classification to be authentic and conclusive, must bear the stamp of approval of the majority of our membership. Not wishing to be regarded as underestimating any plan the Society is now undertaking to advance therapeutics, I believe the plan here suggested would be of infinitely more lasting benefit to the profession at large. Giving the teacher and pupil a materia medica of proven drugs in a classified manner that will develop the reasoning rather than the memory machine, a synopsis that could be elaborated by the textbbook writers and used as a guide by state board examiners, is a plan the accomplishment of which will put drug therapy on a lasting, rational, scientific basis, create delight and gratitude in an overdrugged profession and student body, and reflect lasting credit upon The American Therapeutic Society.

CANCER FACTS FOR THE LAITY.*

By Alexius McGlannan, M.D.

The experience of all competent observers teaches that the only sure cure for cancer is early and complete removal of the growth by cutting it away from the patient with a sharp knife. All other methods of treatment are uncertain, more painful, or only palliative. Until the real cause of cancer is discovered no treatment, except surgical operation for its complete removal at the earliest possible time, can be considered or recommended.

The life of a cancer may be divided into three stages—first, the time during which the presence and growth of the tumor do not attract the attention of the person harboring it; second, the time the patient allows to pass before seeking the advice of a physician; third, the time consumed by the physician in making a diagnosis. The second period is the one which we hope to shorten by such talks as this. The first period cannot be altered, and, as far as our experience goes, the number of cases in which a cancer becomes incurable during this period is small. The duration of the third stage rests with the efficiency of the medical profession, a matter in determining which you have a decisive voice and an opportunity for selection. Remember that your best adviser and real friend is your family physician; remember, also, that his greatest interest and reward rest in your prompt recovery from every illness. Do not spend your money, therefore, and risk your lives and happiness in consulting quacks.

No man possessing a non-operative cure for cancer need spend a cent for advertising in newspapers. All over the world men of the highest intelligence are devoting their lives to the study of cancer for the purpose of learning its cause and thereby discovering a method for curing and preventing it. To the man who discovers this cure the world will pay untold wealth. The amount of money he could make would be limited only by his desire for making it. He would tell his discovery to all the medical profession freely and without reserve of any kind. And yet from every country the very rich would seek him out, pay him any price he demanded, and make his income whatever he charged multiplied by the number of patients he cared to treat. Isn't it absurd, therefore, to even think that a man possessing this knowledge should conceal it as a secret and spend thousands of dollars for newspaper and other forms of advertising in order to attract patients? That he should flee from State to State, and, transacting business under first one name and then another, live in constant fear of punishment for using the mails to defraud and for other crimes of a similar nature? The truth is, that the cancer quack, the man who advertises or promises to cure cancer by any means other than

*Address delivered under auspices of Committee on Public Instruction of the Medical and Chirurgical Faculty.

by surgical operation, is a fraud, a liar, a heartless, scheming villain of the most cruel of all types, and that he knows he is all these things, but attempts to befog investigation of his villainy by an attack on the real medical profession, by a cry for liberty and relief from oppression.

Every robber feels that his liberty is imperiled and himself oppressed by the activity of the police. But we do not pass laws to allow robbers the right to rob. This is really what the association of quacks and patent-medicine manufacturers, posing as a League for Medical Freedom, asks you to do.

To return to our subject: The duty of the patient is to consult a reputable doctor as soon as any sign of cancer shows itself. This leads at once to the question, What are the signs of cancer? Most cancers seem to develop from a previously existing condition, which we call a precancerous lesion. If all these precancerous lesions could be removed by operation or otherwise, no cancer could develop and no extensive operations would be required.

For you the important signs of cancer and precancerous lesions are as follows: A lump in the breast of any woman over 30 years of age, in 95 per cent. of all cases, is cancer, or will become cancer if not operated upon. Under 30, a single lump is not so likely to be cancer, but, however, is very likely to become malignant when the woman becomes older. Multiple lumps in the breast of a young woman are seldom malignant.

Any irregular bleeding or discharge from the womb may be a sign of cancer. This is especially true of profuse menstruation and of bleeding between the monthly periods. Any woman having such bleeding should lose no time in being carefully examined for cancer of the womb. Practically all of the hopeless and incurable cases come to the surgeon after months or years of neglect of this simple precaution.

A hard lump or a persistent sore on the lips, tongue or lining of the mouth, especially when situated opposite to a rough tooth, is a precancerous lesion. Scabs and running sores on the face and hands, little rough discolored areas on the skin anywhere, growing warts and moles, especially those appearing after 30 years of age, or those that have been injured or bleed easily, are all precancerous lesions, easily cured if taken early. Any wound that does not heal promptly may be an evidence of cancer.

Cancer of the stomach and of the bowels are common, and if taken early give the best outlook for cure by operation. Their symptoms, however, cannot be clearly described to a non-medical audience, but do not drug yourself for dyspepsia and constipation. Consult your doctor and have him make the necessary examination to prove your freedom from cancer.

Some explanation must be made of the limitations of surgical operation for the cure of cancer and the value of certain non-operative remedies much talked about at the present time.

Cancer spreads first by direct growth in its original situation,

next by sending its cells (seeds) to the lymphatic glands, which swell and resemble the so-called waxen-kernel, and, finally, the cancer cells are carried by the blood to all parts of the body. As long as the cancer is limited to its original seat, if the seat is in an organ or part not essential to life, 90 per cent. of cases of the disease will be cured by removal of this organ or part and the adjoining lymphatic glands and channels. When the cancer has spread to the glands the chance of cure falls to about 25 per cent., and when it has gone farther the disease is incurable.

Sometimes a patient comes to us in the incurable stage, but with a distressing local condition demanding relief. We must operate to give the patient relief for the rest of her life, and we do so, clear in our own minds as to the hopelessness of cure; but, unfortunately, the friends and neighbors of the patient will not understand this fact, and when the inevitable fatal end comes they unreasonably charge the failure to the inefficiency of surgery instead of to the procrastination and delay that made the condition hopeless before relief was sought.

Studying these hopeless and late cases, we find that the body makes an attempt to overcome the spread of cancer by building up walls of dense scar tissue into and around the tumor wherever the growth of the cancer cells is lessened in vigor. Any form of treatment that increases the growth of scar tissue is useful in relieving these patients by limiting the local growth. It is in these cases that caustics, X-ray, radium, etc., have their value, but their use must be limited to the treatment of this group of cases.

A curable cancer means one curable by a cutting surgical operation, and the use of any other form of treatment is unjustifiable and indefensible, because such treatment wastes valuable time, makes an interval during which the cancer may spread by means of the routes mentioned above, thus reducing the chance of cure to almost one-fourth, if not making it absolutely impossible.

Radium, X-ray and chemical caustics act exactly as does the hot iron or the electro-cautery by destroying the vitality of the cancer cells and stimulating the growth of the scar tissue wall. They can act only on the local growth and only on that part of it with which they come in contact. Therefore, they cannot retard the spread of the disease, and cannot cure the patient.

All of these facts are well established by the study and statistics of workers in many places. All the large surgical clinics contribute the same report and request, namely, send the cancer patients for operation earlier in their disease. Institutions like the Cancer Research of Great Britain, where thousands of cases have been studied; like the Cancer Institute of Germany and similar laboratories and institutions all over the world, give out the same information.

There is no specific cure for cancer; its cause has not been discovered; the hope of its victims lies entirely in early and complete eradication by surgical operation. There is no value in any other

form of treatment. The first operation seals the fate of the patient. An incomplete operation in the early period will give worse results than a complete one for the same tumor performed at a later time. Therefore, every patient has the opportunity for seeking cure at the hands of a competent surgeon, no matter where he or she lives, and, of course, without regard to his or her financial condition. This last point is the real acid test to distinguish between the true physician and the quack. Has anyone ever known a quack to treat without pay all the poor who came to him? Has anyone ever known a competent surgeon to refuse to give his best efforts and to do hard physical work in operating for the cure of cancer? Although so many ungrateful patients have made this altruistic devotion to duty both unpleasant and expensive for the surgeon, the test holds good, and no person need suffer from cancer because of lack of money to pay for surgical operation.

114 West Franklin Street.

ON THE DESIRABILITY OF NATIONALIZING THE BALTIMORE QUARANTINE STATION.*

By J. A. Nydegger, M.D.,
U. S. Public Health Service.

I presume I have been requested to discuss the question of the transfer of the Baltimore Quarantine to Federal control, because, like all who are in the Service, I have had some experience in quarantine work and administration. On this occasion, however, I am prouder of something else, and that is that I am a Marylander, and am here as a Marylander to take part in this discussion with you; and so anything I may say on the subject of quarantine this evening will be with the best interests of the State of Maryland and the city of Baltimore at heart.

Quarantine is a big subject, and in the time allotted for the discussion one can refer but briefly to a few points in passing.

From 40 days' detention in quarantine (as the word quarante implies) of vessels and their personnel arriving from infected places, down to 20 days' detention in quarantine, as was ordered by President Harrison in 1892, when cholera-infected ships lay in New York harbor, and the country was threatened with an invasion of this dread disease, and great fear existed throughout the land lest it should gain a foothold, is a great reduction in time. It is also a long cry from the middle of the fourteenth century, when Venice first put into use in Europe a quarantine against epidemic diseases coming from the East along the lines of mari-

*Address delivered at the meeting of the Baltimore City Medical Society, May 16, 1913, by invitation.

time commerce, down to the twentieth century, with its management of modern quarantine.

From 20 days' detention in quarantine in 1892, down to five days' detention in 1913, of suspects and contact cases of cholera, with disinfection and immediate release of the vessel, is another great step forward. This is the result of science—the result of the application of science—the use of knowledge derived from the scientific study and observation of diseases, applied, first, for the protection of the country from the invasion of highly-contagious diseases, and, second, for the assistance and expedition of maritime commerce, and not as a detriment to it.

Surely the word "quarantine," as originally applied, is now a misnomer, and a new name more in keeping with the modern and scientific administration of quarantine might well be sought for.

Dr. Ford has spoken in a most interesting manner on the history of quarantine, and has pointed out the tendency which has existed from time to time since quarantine was first put into effect to make it uniform, not only in a city or country, but throughout all the leading countries of the world. He has also pointed out that there were important commercial reasons for this; and that as health, quarantine and commerce have been so intimately connected in the past, so they will be in the future; and to that end the wise Colbert, in France, under Louis XIV, in the seventeenth century, first promulgated the order that took from the many cities and local boards of health, which maintained each a different set of quarantine rules and regulations—the period of time vessels were quarantined depended wholly on the whim of the boards, with great inconvenience to commerce—and gave the first general sanitary regulations for the whole of France, thus putting the government above the *province* and the *city*, and establishing the fact that maritime quarantine is of national importance, and a function to be conceded to the *nation*.

A great step forward in the application of quarantine throughout Europe and Asia was when the first International Sanitary Conference was held in Paris in 1851, attended by the representatives of the 12 leading European and Asiatic countries most actively engaged in maritime commerce, and the preparation of a code of more scientific quarantine measures to be enforced uniformly at the ports of the nations represented, which paved the way for future congresses of this kind, at which the administration and scientific principles and policies of modern quarantine were laid down; and in the early part of the twentieth century (1903), at the congress in Paris, 20 leading powers, including the United States, signed what is known as the International Sanitary Agreement for uniform quarantine rules and administration; but, mark you, gentlemen, the *United States is the only country subscribing to this agreement*, which cannot guarantee to the 19 other countries that these rules will be the only rules binding the whole country. Why is this? I will show later on that the United

States, of all these 20 countries, is the only country which has not control of all the quarantine stations on her shores. In the 19 other countries included in the agreement the matter of maritime quarantine has long since been recognized as being pre-eminently a function of the general government, and was accordingly transferred to it. The development of quarantine in European countries has been practically duplicated by the development of quarantine in the United States. The development of quarantine in European countries has been intimately connected, through maritime commerce, with our own, and ours has been developed and extended along similar lines.

In colonial times the different Legislatures had control over the quarantines, a power which was inherited by the States and municipalities, and is still exercised by them in the ports of New York, Boston and Baltimore, although all other ports by this time have come under national control.

After the first sanitary conference held in Paris, in 1851, it became evident that the non-uniformity of the laws regulating quarantine in the different States of this country not only caused great inconvenience to freight and passenger traffic, but was a positive menace to public safety. Some ports, for the purpose of attracting commerce, would be lax in following the strict regulations which they had imposed on themselves, while others would make mild regulations with the same object of getting trade, thus frequently admitting epidemic diseases.

A grave situation or crisis is sometimes a blessing in disguise, and although resolutions had been passed in a conference of delegates from all the ports of the United States, held in Philadelphia in 1856, and twice subsequently, in an effort to establish the desired uniformity, no legislative action followed; and the grave cholera situation in New York harbor in 1892 resulted in an investigation of the New York quarantine and its relation to the Federal Government service on the part of the New York Chamber of Commerce. These investigators found that New York was not able to cope single-handed with the situation, and consequently declared themselves emphatically in favor of Federal control, giving as their reason that as the Federal Government is an indispensable factor in every quarantine crisis, it is better to have the Federal Government directly, instead of indirectly, responsible, and to that end all quarantine stations should be under national control, and not under municipal or State authority.

The New York Chamber of Commerce, working in conjunction with the New York Academy of Medicine, composed of 1000 members of the medical profession, many of whom stand at the very top of the profession in this country, prepared a bill in favor of a national system of quarantine control, giving as the chief reasons the insufficiency of the State or municipality for dealing with the emergencies confronting them, with special reference to New York city, and pointing out that the interests which center in a

port are not *solely* nor *largely* local, but national, and expressing the belief that the establishment of a national system could be most surely made humane, prompt and efficacious by reason of the large and varied resources, both in trained men and material, which would be available, the power of rapid concentration of forces at a point of threatened invasion of disease, the avoidance of widespread apprehension and panic, which a national administration would favor, the full and direct consular assistance and the promise of international co-operation, the equable distribution of the expenses of a protective agency in whose benefits all parts of the nation share, and the removal of disastrous conflicts and pecuniary ambitions often openly pursued, regardless of public weal. The bill did not pass, but many of its provisions were incorporated in the act of 1893. The Convention of Southern Congressmen, representing 14 Southern States, held in Chattanooga, Tenn., in 1905, resolved that the many antiquated methods of quarantine hitherto resorted to were futile and onerous, and that in the interests of public health and public business, uniform regulations must be adopted, and accordingly resolved to request Congress to enact a law whereby the coast maritime and national frontier quarantine should be placed exclusively under the control and jurisdiction of the United States Government.

In the meantime, although there were no acts passed which gave the Federal Government direct power over the quarantine at all parts of the country, the trend of all the legislation in this connection was toward this goal. A number of national quarantine acts were passed from 1799 to 1893; the first required federal officers to aid the local agencies in the execution of State or municipal quarantine regulations; later (1883) one for maintaining quarantine points along the coasts, known as "refugee stations," and in 1906, $600,000 was voted by Congress for the organization of the quarantine in the South.

From time to time, also, acts were passed increasing the powers and broadening the sphere of work of the Federal public health service. The acts of 1890 and 1899 charged the surgeon general of the Marine Hospital Service with the preparation of the rules and regulations necessary for preventing the introduction of certain contagious diseases from one State into another, and also the supervision over the medical inspection of alien immigrants. All these acts, however, provided that the measures were for the purpose of aiding the State and local quarantine authorities, and did not give the Federal Government the power of supervision over them. *This was first done* in the Act of 1893, which gave the Secretary of the Treasury, through the Marine Hospital Service, the power to promulgate uniform quarantine regulations for all the ports of the United States, which rules must be enforced by the State and municipal authorities, if they choose to undertake to enforce them; and in case of their refusal or failure to carry out these regulations, the President is empowered to detail federal officers for that purpose. This act also gave the Marine

Hospital Service the power to examine the quarantine stations of a State or municipality and their regulations. Also where a State or municipality shall transfer to the United States their quarantine stations, they shall reasonably be reimbursed for the same.

Like modern commerce, modern maritime quarantine is not a matter of local character and importance, but is esentially national or even international in its significance and its bearing on the health of the people. For instance, the Baltimore Quarantine Station is not local in character. It protects the people of the whole country. It quarantines for Chicago or Pittsburgh or Minnesota as much as for Baltimore city or Washington or the State of Maryland. A highly contagious disease brought into one city or State will spread like a conflagration to other cities and States or countries without any regard to imaginary State lines. When Baltimore quarantines vessels and passengers infected with malaria or yellow fever, it is not protecting the citizens of Baltimore or Maryland as much, or any more, than those of the South. The same would also be true of plague or Asiatic cholera.

The greatness of Baltimore's shipping, and its importance as an immigration center, ranking fourth in the country in this respect, with bright prospects of great growth in the tide of immigration when the new immigration station, recently provided for by an act of Congress, is completed, makes Baltimore pre-eminently national in character.

Here we have one of the large quarantine stations of the country. Forty thousand to 50,000 persons, and $28,000,000 worth of goods come into this port in one year, with exports to the value of $100,000,000. The financial burden of administration of Baltimore's quarantine, which serves the whole country, rests on Baltimore city—the taxpayers of the city. In the neighborhood of $28,000 annually are required to meet this outlay. Of this amount foreign shipping contributes from $14,000 to $15,000 in the way of quarantine fees, leaving a yearly deficit of from $13,000 to $14,000, to be made up by appropriations by the city.

Under a locally administered quarantine the brunt of the expense of keeping diseases out of the country at large is borne not by the whole nation, but by the individual city. If this station was under Federal control, not one cent would be collected from shipping for quarantine purposes, and Baltimore would contribute *only* its pro rata, along with all other cities of the United States. This is a great benefit to shipping, as will readily be seen, and by the removal of all quarantine fees not only is the shipping relieved, by the proposed change of ownership and administration, but the taxpayers of Baltimore city would be relieved of the large and unnecessary annual outlay. Quarantine fees would be abolished in toto, and shipping would be benefited accordingly, and the amount now contributed for this purpose by shipping interests would find its way instead into the pockets of the stockholders in the way of increased dividends.

The record of the work of local quarantines has shown repeat-

edly that they are unable, without help from outside, to keep out the various quarantinable diseases brought in from foreign countries. This has been admitted in many instances by the States and cities, and many State and city stations have been given over voluntarily to the national Government. In many instances the national Government was asked for assistance, and in many other cases it had to give assistance on its own initiative.

The great city and State of New York were unable to cope with the cholera situation of 1892 and 1911; Federal officers had to be sent to assist the State officers. The history of yellow fever in New Orleans and other Southern cities, and of plague in San Francisco, is but a repetition of New York's experience. In times of such crises the people do not look to the local authorities for relief, but to the national Government.

All the quarantine conferences, national and international, have strongly recommended uniformity of quarantine rules as a matter greatly desired for the safeguarding of health, as well as a convenience to commerce. It is a great convenience to the maritime interests to know that the requirements of one port apply in the same way and measure to all other ports. All the most important nations of the world have adopted a uniform system of quarantine rules and regulations in the international sanitary agreement heretofore spoken of, in order to facilitate commercial intercourse and make discriminations against countries and individual vessels impossible. Prior to 1893 there was no national system of quarantine in the United States. Since that time 47 ports out of a total of 50 ports of entry in the United States where quarantine is maintained have come under Federal authority, showing how *rapidly* this transfer is being made; and all who have thus come over would not go back to the old way, for they have found Federal control more effective in safeguarding the people from contagious diseases, and of more assistance to commerce rather than a detriment, as some believed before they had tried it.

In order that the United States may be a responsible party to international agreements, it must have control and supervision of all the ports of the country. As showing the tendency in this direction, Philadelphia, or rather Pennsylvania, but recently transferred her quarantine to the Public Health Service, as also did Providence, R. I., while Virginia discontinued her quarantine stations at both Newport News and Norfolk, which are now both administered by the Government quarantine at Old Point Comfort, Va. This station also controls Baltimore's shipping, and can be put in use at any time for this city, as was done in former times in periods of threatened invasion of contagious diseases from foreign countries. The New York quarantine is now seriously considering coming under Government control, and also Boston.

The Federal Government controls all the services incident to the administration of the port of Baltimore, with the single ex-

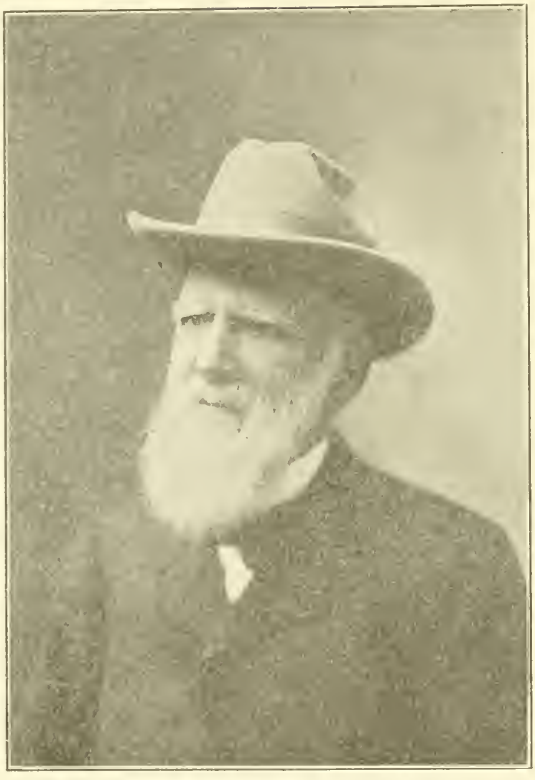
ception of quarantine. In addition to the customs and immigration administration, the Government maintains the Revenue Cutter Service, which protects life and property, has control over the hydrography of the port, the navigable channels and dredging, over lighthouses, and exercises care over sick and disabled seamen. It seems but logical and consistent to extend its power to the quarantine, and concentrate the whole administration of the port in the hands of the Federal Government.

The Treasury Department, by correlating its customs division and revenue-cutter division with the quarantine service, is able to furnish the latter with a great amount of assistance; and convenience, economy, efficiency and expediency could also be obtained if the quarantine inspection and the medical examination of immigrants at Baltimore could be conducted by the same set of officers at once instead of by two sets, one State and the other Federal, as is the case at present. The co-operation of other departments of the Government can also be readily obtained in times of grave crises.

The Public Health Service, through the courtesy of the Department of State and its Consular Bureau, is in direct and constant touch with all parts of the world. While the State and municipal quarantine officers receive the weekly bulletins of the bureau, they have no such intimate and direct knowledge of health conditions abroad as have the officers of the Public Health Service. To obtain this they are frequently obliged to send their own officers abroad.

The last and perhaps one of the most important reasons for the national control of quarantine is the absolutely imperative need that the office of health officer of a port be taken out of politics. It is universally recognized that scientific work of any kind can be done efficiently *only* under the condition of permanency of office. The work of quarantine officers is *essentially* scientific, and the incumbents of these offices should be secure in their positions during good behavior and efficiency. Under State or city control, as the remaining three quarantines not already under Governmental control are at present, changes of personnel may, and often do, occur with each change of administration. Under the Federal control there is continuity of service, uniformity of procedure and policy, constant supervision over the acts of the quarantine officers, and abundant opportunities for scientific and administrative training in the various ports of the country, such as is not available to the officer of any State or municipal quarantine station.

Finally, if I may be permitted to express a personal opinion, I cannot understand why all the quarantine stations in the United States, with everything in their favor by transferring, and a great deal against them should they not transfer, have not already come under governmental control. It is a function which the 19 other leading powers of the world, signatory to the international sanitary agreement, long since delegated to the national governments.



A. V. CHERBONNIER, M.D.

THE MEDICAL FATHERS OF BALTIMORE COUNTY, MARYLAND.*

A BIOGRAPHICAL SKETCH OF

DR. A. V. CHERBONNIER, U. S. A. (Retired).†

By Dr. William J. Todd,
Mt. Washington, Md.

Dr. A. V. Cherbonnier located, in the year 1855, in what was then known as Washingtonville, now Mount Washington. His office was in a small two-story house on the Falls road turnpike, once used as a store by Victor Sirata, from whom he rented it, and immediately opposite the old stone store and meeting-house.

He read medicine with Professor Dunbar, and was a graduate of the University of Maryland in the class of 1848. After a year in walking the wards of the hospitals in New York city, he returned to Maryland, and settled on the Belair road, renting a stone house from the late Nicholas Gatch, from whom he received his first fee ($60) and the use of the house and lot for one year free of rent.

He removed from the Belair road to Washingtonville, remaining a few years. He purchased a stone cottage and three acres of land from the late Isaac Mankin, who owned nearly all of the land around what was then known as "Slabtown," now Hampden, Baltimore city. He remained there until 1862, when he accepted a position as acting assistant surgeon in the United States Army.

He was in the battles of South Mountain and Antietam. After the battle of Antietam he was ordered to report to Surgeon H. S. Hewitt, U. S. V., in charge of the Convent and Novitiate Hospital, Frederick, Md. He served under Surgeon Hewitt, remaining until the last hospital was closed, and assisted Surgeon Hewitt on his numerous reports.

He was ordered to Camp A, two or three miles from Frederick, and served under Surgeon W. H. Notson. From Camp A he was ordered to the Naval Academy Hospital, Annapolis, Md., serving under Surgeon Von der Kief, U. S. V., in charge. Surgeon Von der Kief placed him in charge of the officers' hospital, which was a hospital inside of a hospital. After serving over a year there he was ordered by Medical Director Simpson to report to Surgeon Sims, U. S. V., in charge of Patterson Park Hospital. During his term of service at Patterson Park Hospital he was the executive officer. He did not, however, remain very long, having made a damaging report to the surgeon in charge as to the quality of the meat furnished the soldiers. This hospital was situated on the

*Read before the Baltimore County Medical Association, July 16, 1913.

†Dr. Cherbonnier was present at the meeting and was made an honorary member of the Baltimore County Medical Association.

site of what is now known as Patterson Park. It was composed of a few buildings and many tents.

From Patterson Park he went to Camp Parole, serving three months under Surgeon Pettinas, U. S. V. From there, Surgeon Von der Kief, having made a request that Dr. Cherbonnier should again be assigned to him, he returned to Annapolis. Dr. Cherbonnier remained with Surgeon Von der Kief until after the assassination of President Lincoln, when he was ordered to report to Surgeon Cooper McKee, U. S. A., in charge of the Lincoln Hospital, Washington, D. C., where he served until the close of the war.

Thinking that his services would no longer be required, he requested that his contract be annulled, which was done: a few days later he received a letter from Surgeon General Barnes, offering him a position under Surgeon Basil Norris, U. S. A., who was attending surgeon United States Army, Washington, D. C., increasing his pay $25 a month, giving him commutation of quarters, a horse and buggy and an orderly. He was assistant to Surgeon Norris for three years, and attending surgeon, at the end of which time he was given a commission in the Medical Corps of the Army, with the rank of captain, which commission he still holds.

In 1866 he was ordered to St. Louis, Mo., taking charge of the medical purveying depot, which post he held for over three years. From St. Louis he was ordered to Santa Fe, New Mexico, closing up the purveying depot at that place. At the end of the year he was ordered to the office of the Surgeon General of the Army, and after finishing the work he was required to do he was given a leave of absence without solicitation. At the end of his leave he was ordered to San Antonio, Texas, to establish a medical purveying supply depot, which he did. The building of railroads rendered the purveying depot at San Antonio unnecessary. In three years it was closed, and Captain Cherbonnier was ordered to New York, where he remained nearly four years, at the end of which time he was ordered back to St. Louis, where he remained until retired from active service, which, after a most active and eventful life, took place "for age" October 12, 1890.

The father of Dr. Cherbonnier was Pierre Cherbonnier; born at Saintes, on the Charente River, France, March 21, 1781. He was a medical officer in the French Navy, and came to this country with Victor Emmanuel LeClerc (who married one of Napoleon's sisters) in 1803. Dr. Pierre Cherbonnier was not a Bonapartist. He sent in his resignation and came to New York. From there he went to New Orleans, La., where he settled and later married. He came to Belair, Harford County, Md., with his family in 1830, where he died April 5, 1866.

Dr. A. V. Cherbonnier was born October 12, 1826, in New Orleans, La. He received his early education in Belair, Harford County, Md.; later under the private instruction of Prof. John

Neely of Baltimore, and still later at St. Mary's College, Baltimore, Md.

The subject of our sketch had an older brother—Pierre Ovid Cherbonnier—also a physician, who graduated from the University of Paris in 1840. After graduating he returned to the United States, settling in Baltimore city, and later in Easton, Talbot County, Md., where he attained great success and prominence in his life's work. Dr. Cherbonnier had two sisters. The eldest became the wife of the late James L. Bartol, for 25 years Chief Justice of Maryland. The other sister became the wife of E. R. Sprague, a prominent attorney of Baltimore.

Dr. Cherbonnier was married three times. His first wife was a Miss Goodwin, with whom he had four children. Three are living. The second wife was a Miss Sarah C. Cairns, daughter of the late James Cairns, with whom he had one child, a daughter, who married Dr. Eugene F. Raphel of Upper Falls, Baltimore County, but now of Wheeling, W. Va. His present wife was Miss Rose Coyne, with whom he has a son, named after him, now 12 years of age.

Dr. Cherbonnier is a genial, social gentleman, fond of company and all kinds of sport. He is noted for his skill at cards, and for being one of the best chess players in Maryland when at his best. He is now living in Baltimore, Md., and is leading a quiet and peaceful life, and though in his eighty-sixth year, he is well preserved, and enjoys excellent health. His handwriting is plain and distinct, and impresses one that the lines were written by a much younger man. He still plays chess, but because of his impaired eyesight, he no longer claims to be an expert player.

Two cataracts which affected his vision have been removed. His summers are spent in the mountains of West Virginia, where he has become well known, and is very popular with card players

In answer to my request regarding Dr. Cherbonnier's recollection of the physicians of his early professional days, he answered: "The leading physicians of my earlier days were, notably, the late Nathan R. Smith, who had no superior in this country, though very little known in Europe. My brother, Dr. P. O. Cherbonnier, who lived in France over 10 years, studied medicine and graduated at the University of Paris, informed me that he had never heard of Dr. Smith, but when he returned from France to the United States, and saw Dr. Smith perform surgical operations, he stated that Dr. Smith had no superior in the world, and very few equals, in his opinion. At the head of the list we had Drs. John and Thomas Buckler, Surgeon Baxter, Dr. Gibson, Dr. Dunbar, Dr. MacKenzie, Dr. Roby, demonstrator of anatomy University of Maryland; Dr. Gittings of Baltimore County, Dr. Powers of the University of Maryland; also Dr. Potter and Dr. Thomas. These were the leading physicians of Baltimore city, although there were many others quite distinguished. I cannot

compare them with the physicians of today. Such a revolution has taken place in the treatment of disease, no doubt great advancement has been made, but as to the practice of surgery, I think, if Dr. Smith were living today, he would still retain the title of 'The Emperor.'

"With the exception of cases reported by me during the Civil War, and published by the Surgeon General of the Army, in a work printed by the Government, I have written nothing."

Dr. Cherbonnier recalls Dr. Septimus Dorsey, who practiced in Mount Washington, and at one time had an office on the Falls road in a stone house which was afterwards removed to make room for the building of a brick house owned by the late William Welsh.

Dr. Cherbonnier was succeeded by Dr. Donahue, who came to Mount Washington in 1856, and died there in 1859.

Dr. Cherbonnier was well acquainted with Dr. Thomas Buchanan Steele, who lived in Mount Washington in 1865, remaining there about two years. Dr. Steele was the father of Dr. Guy Steele of Cambridge, Md., who, like the subject of our sketch, made a record for himself during the Civil War, acting as surgeon in the United States Navy. In 1901 I read a sketch I had written of the life of Dr. Steele to Dr. Cherbonnier, who ended his hearty indorsement with "I never knew a handsomer man."

Vaccine and Serum Therapy. Including also a Study of Infections, Theories of Immunity, Specific Diagnosis and Chemotherapy. By Edwin Henry Schorer, B.S., M.D., Dr.P.H., formerly Assistant Thomas Wilson Sanitarium for Children, Mt. Wilson, Md.; Assistant Rockefeller Institute for Medical Research, New York city, and at one time member of the Faculty of the University of Missouri, of the University of Kansas and the Department of Preventive Medicine and Hygiene of Harvard University. Second revised edition. St. Louis: C. V. Mosby Company. 1913. Cloth, $3 net.

Vaccine therapy has come into such universal use in the treatment and prevention of disease, and has made such rapid strides during the past few years, that a dependable guide in the administration of the several serums is indeed a welcome addition to our literature. Since the last appearance of this book new studies and observations have materially extended the scope of the use of vaccines, so that now practically all infectious diseases are treated in this manner. It is for the purpose of incorporating these additions to our knowledge that the book has been rewritten, and in its new vestments will be found more serviceable than ever. That it has met a need is attested by the promptness with which the first was exhausted and the urgent calls for a new edition. We predict for this edition even greater popularity than that enjoyed by its predecessor.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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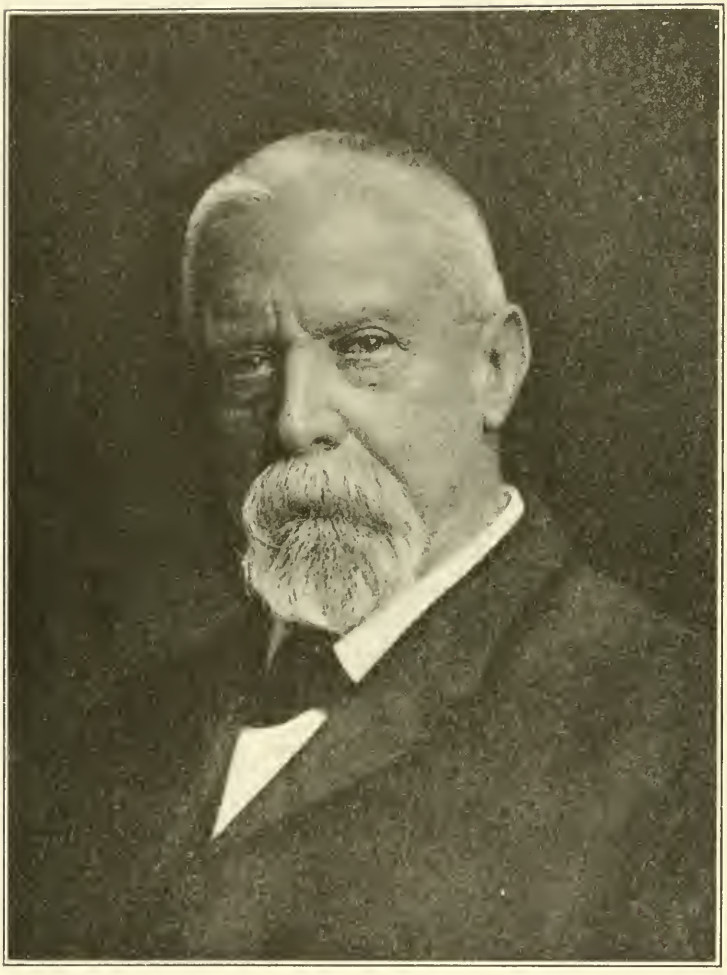
BALTIMORE, NOVEMBER, 1913

DR. NATHANIEL GARLAND KEIRLE.

THE old saying that a prophet is not without honor save in his own country is generally an axiomatic truth. Occasionally, but only too infrequently, associates do recognize merit. This is true in the case of Dr. Nathaniel Garland Keirle, A.B., A.M., M.D., D.Sc., a native Baltimorean, who is recognized by laity and profession alike as one of the foremost living authorities on hydrophobia.

Dr. Nathaniel Garland Keirle was born in the city of Baltimore, October 10, 1833, and is the son of the late Matthew M. Keirle of Baltimore, and of Sarah Jacobs Garland of Danvers, Mass. On both sides of his family he is descended from distinguished colonial stock. As both of his parents died before he was seven, he was reared by his paternal grandmother. His early education was obtained at private schools, St. Mary's Seminary, Public School No. 6 and the Baltimore City College. He then entered Dickinson College, passing through both the preparatory school and collegiate department, and, in 1855, rating number two in his class, he was granted the degree of Bachelor of Arts by that college.

After the completion of his college course he returned to Baltimore, determined to enter upon the reading of law, but was discouraged by a prominent lawyer on account of his age—22 years. He then turned to medicine, and entered the medical department of the University of Maryland, from which he was graduated with the class of 1858, Drs. Samuel C. Chew and Edward F. Milholland, both of Baltimore, being classmates. While attending lectures at the university he was an office student of the late Dr. George W. Miltenberger, class of 1840, and for years professor of obstetrics in the University of Maryland. In conformity with usage, the regents of the University of Maryland, desiring to place upon their honor roll the names of certain distinguished men, caused a mandate to be issued, directing that at their centennial celebration (1907), as a personal token of admiration of his investigations in science, especially in studies and investiga-



NATHANIEL GARLAND KEHRLE, A.M., M.D., D.Sc.

tions in hydrophobia, the degree of Doctor of Science be conferred upon Dr. Keirle. On presenting Dr. Keirle, Prof. Randolph Winslow said: "I have the honor to present one whom the regents have deemed worthy of special distinction, and whose name is mentioned in their mandate—Dr. Nathaniel Garland Keirle of Baltimore—and request that the honorary degree of Doctor of Science be conferred upon him.

"Dr. Keirle graduated from the medical department of this university in 1858, and has passed his life in this city in the pursuit of his profession. He has held a professorial chair in the College of Physicians and Surgeons for many years, but it is as the director of the Pasteur Institute of this city that he has attained his greatest usefulness and achieved his highest reputation. By his successful treatment of those bitten by rabid animals he has proved himself a veritable bulwark of this and neighboring communities against that dread disease, rabies, and I therefore take great pleasure in presenting him for the degree of Doctor of Science."

This was no barren honor, but an honor won by hard, faithful and conscientious researches in the investigation and treatment of those liable to develop rabies.

On October 10, 1913, Dr. Keirle, chief of the Pasteur Institute of Baltimore and city post-mortem physician, celebrated his eightieth birthday as the guest of honor at the University Club at a dinner tendered by his colleagues at the College of Physicians and Surgeons as an expression of appreciation of his worth. It is the privilege of but few men in any walk of life to be permitted to serve mankind over such an extended period as Dr. Keirle. With mental faculties undimmed by the ravages of time, and with a sound body, Dr. Keirle still exhibits those qualities which enabled him to reach the top rung of professional success. Owing to his great dislike for publicity, Dr. Keirle's great service, not only to the profession, but also the community at large, has not been fully appreciated. Adulation is distasteful to this simple-living American scientist. His satisfaction comes from a full realization of a work well done; no other approval does he desire. Nevertheless, the profession of Maryland has and does take a personal interest in the continued health, happiness and prosperity of this grand old man, and through the pages of the Maryland Medical Journal extends to him its cordial best wishes for many years more of beneficent service to those bitten by rabid animals, and felicitates him upon the completion of 55 years of service devoted to the alleviation of pain, distress and sickness.

Medical Items.

Captain Wm. C. Davis, M.C., U. S. A., Baltimore University School of Medicine, '96, of Summerfield, N. C., was relieved from duty in the Philippine Department, to take effect after August 15, 1913, and ordered to proceed to the United States and await further orders from the Adjutant General of the Army.

The Franklin Institute, Philadelphia, has conferred on Harry C. Jones, professor of physical chemistry in Johns Hopkins University, the Edward Longstreet medal of merit for his article entitled, "The Nature of Solution."

Dr. and Mrs. J. Albert Chatard, of 40 West Biddle street, have closed their residence and gone to Maine, where they will spend the remainder of the summer.

In his annual report, issued recently, Dr. Winford H. Smith, superintendent of the hospital, made an urgent appeal for an increased endowment for the Johns Hopkins Hospital.

The Maryland Medical College, Dr. W. S. Smith, dean, which was founded about 15 years ago, was ordered closed September 8, 1913, for the season, following a meeting of the board of trustees. The 100 students enrolled at the college will continue their studies at various institutions throughout the country. It is thought that the college will either reorganize, to start a year later, or will merge with some other institution.

The physicians and surgeons of Johns Hopkins Hospital were guests of the Catonsville Country Club Saturday, September 13, 1913. In the afternoon there was a baseball contest, followed by a dinner and dance.

Dr. Louise Pearce, the only woman on the staff of Johns Hopkins Hospital, has been appointed an assistant to Dr. Simon Flexner, of the Rockefeller Institute, New York, to take effect October 1, 1913. Her appointment is unique in American medical annals, as she is the only woman ever named to work directly with Dr. Flexner.

The health authorities of Baltimore City are using 3000 pounds of hypochlorite of lime daily, with a view of purifying the drinking water of the city and limiting the prevalence of typhoid fever. A report shows that 99 per cent. of the bacteria in the water last year were killed by the use of hypochlorite of lime.

Dr. Arthur Louis Fesenfeld, University of Maryland, '01, has been appointed medical examiner of schools, vice Dr. I. F. Page.

The Allegany County Tuberculosis Sanatorium of Haystack Mountain, near Cumberland, has been completed, and was thrown open to the public September 4, 1913. It will accommodate about 20 patients.

Dr. C. L. Andrews, of Johns Hopkins University, has accepted the position of professor of anatomy in the University of Mississippi Medical College.

Dr. Joseph C. Bloodgood, who has been spending the month of September with his family at Cape May, N. J., has returned to his home in Baltimore.

The International Medical Congress, the most successful in the history of medicine, was opened by Prince Arthur of Connaught, representing King George, in the great Albert Hall, London, August 6, 1913, in the presence of an audience of 10,000. American doctors took a prominent part in the congress. Prof. Harvey Cushing, of Harvard University, formerly of Baltimore, delivered an address on "Surgery." Dr. William H. Welch, of Baltimore, also delivered an address. Sir William Osler gave a big dinner to delegates to the congress at the Automobile Club. Many of his old friends at Johns Hopkins, including Dr. William H. Welch and Prof. W. S. Thayer, were present. The representatives of the United States easily outnumbered those of any other nation except England. The congress adjourned August 12, 1913.

Among those who attended the Fourth International Congress on School Hygiene, held in Buffalo, N. Y., the last week in August, were Drs. Leonard K. Hirshberg, Donald R. Hooker and James M. Delevett.

Extensive improvements are being made by Dr. Lewis H. Gundry to the Relay Sanitarium, including a large addition to the present building.

Dr. A. Samuels, of 1928 Eutaw Place, sailed August 2 from New York for Europe on the White Star steamer Olympic to attend the International Medical Congress.

Dr. Frederick H. Baetjer of the Johns Hopkins Hospital, who lost four fingers of his right hand a year ago from X-ray burns, is recovering from an operation of grafting the skin of his abdomen on the hand. Dr. Baetjer is one of

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the foremost X-ray specialists in the city. He began using the X-ray in the days when little was known about the machine and the effects of the ray upon the body, and, like almost every physician who employed the instrument in the early days, suffered severely. After he had been an X-ray operator nearly 10 years, Dr. Baetjer's four fingers on the right hand had to be amputated on account of infections. We are glad to learn that the operation has been a success and that Dr. Baetjer has sufficiently recovered to be able to leave the hospital and return to his home.

J. H. Branham, M.D., College of Physicians and Surgeons, '79, of 2200 Eutaw place, and George W. Dobbin, M.D., University of Maryland, '94, of 56 West Biddle street, were the speakers at the meeting of the Baltimore County Medical Association October 15, 1913, at Middle River, Md.

George Canby Robinson, M.D., Johns Hopkins Medical School, '03, of New York city, who has been connected with the Rockefeller Institute, will shortly move to St. Louis, Mo., which he will make his future home.

Max Einhorn, M.D., of New York city, a stomach specialist, and A. Lohenolt, M. D., of Halle, Germany, who is here to make a study of the Baltimore hospitals, are registered at the Belvedere Hotel. They will visit many of the hospitals here.

Edward G. Altvater, M.D., of 321 North Carrollton avenue, has succeeded Dr. Albert D. Driscoll as assistant physician at Quarantine. Dr. Altvater makes the third assistant at the station within the last two years.

Dr. Thomas P. Sprunt, Johns Hopkins Medical School, '09, has been appointed professor of pathology in the Graduate School of Medicine of the University of Alabama, Mobile.

BIRTHS.

Recently, to Howard J. Maldeis, M.D., Maryland University Medical School, '03, and Mrs. Maldeis, of Kate avenue and Reisterstown road, Baltimore, Md., a son.

MARRIAGES.

William D. Hammond, M.D., University of Maryland, '08, of Hagerstown, Md., to Miss Camille Bringhurst of University City, St. Louis, at Alton, Ill., September 16, 1913. After a short wedding trip Dr. and Mrs. Hammond will reside in Hagerstown.

Peter Prentiss Causey, M.D., University of Maryland, '97, of Wilmington, N. C., to Miss Esther Elizabeth Brewington, University Hospital Training School for Nurses, class of '07, of Baltimore, Md., at Baltimore, September 17, 1913.

Merle D'Aubigne McCutcheon, M.D., College of Physicians and Surgeons, '08, of East Liverpool, Ohio, to Miss Louise Alberta Sturtevant of Walbrook, Md., at Westminster, Md., October 1, 1913.

John William Robertson, M.D., University of Maryland, '09, to Miss Lulu Conway Price, University Hospital Training School for Nurses, '10, both of Onancock, Va., at Onancock, October 2, 1913.

Thomas Joseph O'Donnell, M.D., University of Maryland, '03, of Baltimore, Md., to Miss Anna May Brophy of Frostburg, Md., at Frostburg, October 9, 1913. After an extended Southern trip Dr. and Mrs. O'Donnell will live at 107 East West street, Baltimore.

Fitz Randolph Winslow, M.D., University of Maryland, '09, of Baraboo, Wis., to Miss Florence I. Reese of Baltimore, Md., at Baraboo, October 1, 1913. Dr. Winslow is a son of Prof. Randolph Winslow and was formerly resident surgeon in the Maryland University Hospital. He recently moved to Baraboo, where he is engaged in the practice of surgery.

Michael J. McDermott, M.D., University of Maryland, '10, of Waterbury, Conn., to Miss Edna M. Cowan of Baltimore, Md., at Baltimore, October 15, 1913. They will reside in Midling, Md.

DEATHS.

Garland Payne Moore, M.D., College of Physicians and Surgeons, '86; acting Assistant Surgeon, U. S. P. H. S.; a member of the Medical Society of Virginia, whose last station was at Kobe, Japan, where he was on duty at the American Consulate, died suddenly at sea September 9, 1913, while en route to the United States, aged 49 years.

Joshua Webster Hering, M.D., University of Maryland, '55, of Westminster, Md., died at his home in Westminster September 23, 1913, after a lingering illness, aged 80 years. Dr. Hering was a former Public Service Commissioner, State Comptroller and prominent Democrat.

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There are cases in private, as well as hospital and sanitarium practice, where the vital forces of a patient have suddenly been reduced by hemorrhage from accident and subsequent necessary surgical operation; or through the more deliberate, systematic devastation of these forces by acute disease.

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We sometimes pass by the well-known on account of the very intimacy of long acquaintance. So, it is suggested, that in any case where you wish to administer the best nourishment at short intervals, you remember Grape-Nuts with cream or good milk.

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Book Reviews.

Blood Pressure. From the Clinical Standpoint. By Francis Ashley Faught, M.D., Formerly Director of the Laboratory of Clinical Medicine of the Medico-Chirurgical Hospital; Instructor in Medicine at the Medico-Chirurgical College, Philadelphia. Octavo of 281 pages; illustrated. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Company. Cloth, $3 net. 1913.

The value of knowing the blood pressure in cardio-vascular diseases has become so thoroughly inculcated in the profession that the appearance of a moderate size book upon the subject by such an authority as Faught is indeed opportune. Here, as in other lines of medicine, the findings of the sphygmomanometer is valueless unless they can be intelligently interpreted by the investigator. It is for this purpose that the present volume has been issued to the profession. Though of but comparatively few pages, it contains the gist of our present knowledge of the variations of the blood pressure in disease as learned clinically and experimentally. The author has added materially to the value of the book by devoting considerable space to a discussion of the circulation and its relation to blood pressure and the various methods employed in sphygmomanometry.

One only realizes the immense strides made in this feature of medical investigation when one stops and recalls that as recent a period as 1900 our knowledge of sphygmamonometry was of uncertain value, while today practically every doctor is taking the blood pressure with one sort or another apparatus. These strides have been enormous. The writer records this development truthfully and faithfully, and there is no one living who is better prepared to do so, as Faught took a prominent part in placing the science upon a firm basis. It is a book that no practicing physician should be without. Is moderate in price, so within the reach of all, and, better still, contains a wealth of information which is of practical service to the doctor.

Keen's Surgery: Its Principles and Practice. By Various Authors. Edited by William Williams Keen, M.D., LL.D., Emeritus Professor of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume VI. With 519 Illustrations, 22 of Them in Colors. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1913. Octavo of 1177 Pages. Entire Work Consisting of Six Volumes. Per Volume, Cloth, $7 net; Half Morocco, $8 net.

Everybody remembers the anxious anticipation with which the first five volumes of Keen's Surgery was looked forward to, and its prompt and immediate success. It was not thought at that time that there would be a near need for revision, but so many changes have taken place in even so short a period that it was necessary to either completely rewrite the volumes, or what to the editor seemed a better plan, incorporate in a new volume our additions to surgical knowledge. Having decided upon this method of procedure, the editor with the same care and wisdom with which he selected his co-operators in the previous volumes did

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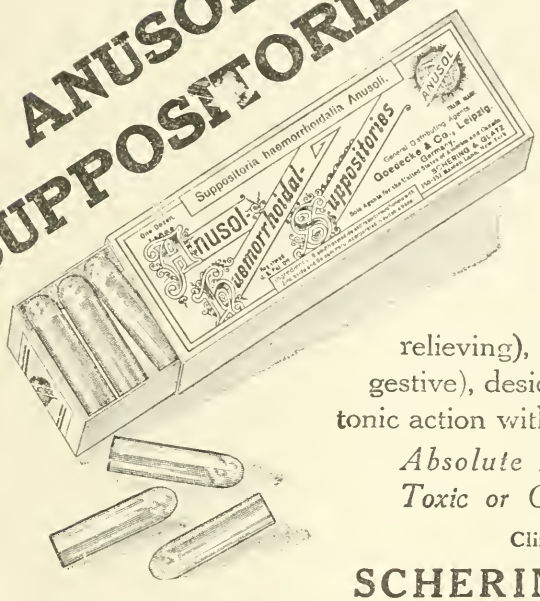

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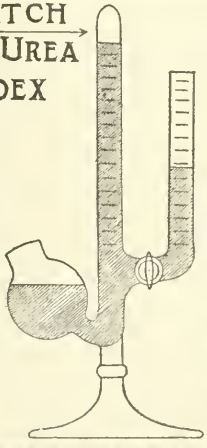

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the like by the sixth. Therefore in the present volume one gets at the least possible expense a complete review of those additions worth while which have appeared since the sister volumes were given to the profession, together with a general index to complete work.

Among the more important of the additions may be mentioned the important chapter on Anoci-association, a fuller description of apparatus for operating on the thorax and its contents under positive and negative pressure, the method of anesthesia of Meltzer and Auer by intratracheal insufflation, the newer methods of anesthesia by nitrous oxid and by the intravenous introduction of ether; surgery of the hypophysis, the treatment of cancer by fulguration, desiccation, etc.; the use of iodine as a disinfectant of wounds and of the field of operation, salvarsan in syphilis, the researches of Wassermann on mouse cancer, etc.

If no other field of surgery were included, the section of the advances made within the past few years on the surgery of the thorax and its contents would be well worth the price of the volume. Here one is given explicit directions how to operate under either positive or negative pressure, the advantages of the one over the other when such exists, and a resume of the practical application of the method in surgery upon man; so that today the last portion of the body yield to man's inquisitiveness has been brought within the pale of direct inspection whenever conditions demand. It seems needless to state that those who already possess the first five volumes can hardly do without the supplement, as here one finds in one volume those additions to surgical thought and practice.

Accessory Sinuses of the Nose. Catarrhal and Suppurative Diseases of. By Ross Hall Skillern, M.D., Professor of Laryngology, Medico-Chirurgical College; Laryngologist to the Rush Hospital; Fellow of the American Laryngological, Rhinological and Otological Society; Fellow of the New York Academy of Medicine; Member of the Society of German Laryngologists, etc., etc. Philadelphia and London: J. B. Lippincott Company. 1913. Cloth, $5 net. Illustrated.

"Accessory Sinuses of the Nose" is a book of decided merit and destined to be consulted by students, general practitioners and specialists as a guide and authority on the diseases, diagnosis and treatment of affections of these air spaces. Heretofore the student was compelled to go to general textbooks for information concerning diseases of these air spaces, consequently the knowledge obtained was, as a rule, superficial and incomplete. This book, therefore, fills the void in this branch of medical literature. It is well written, the style clear and lucid, and, above all, the contents based upon accurate and scientific observations by the author. The illustrations are numerous and well executed, the type large and clear, and the text remarkably free of typographical errors. Part one is devoted to general considerations, in which the author minutely describes the technique of examination of the nose for sinus disease, the anatomy of the lateral wall, the development of the accessory sinuses, physiology, bacteriology, pathological changes in the mucous membrane of the sinuses, unusual pathological complications of chronic inflammation, symptoms of sinus inflammation, laryngeal affections, pharyngeal affections,

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diagnosis, including transillumination, Roentgen ray and suction, treatment of the disease itself and its complications; part two to the anatomy, etiology, sequelae, diagnosis, symptoms and treatment of affections of the maxillary sinus; part three to the frontal sinus; part four, ethnoid labyrinth; part five, sphenoid sinus.

Owing to the relative greater frequency of these diseases, or, at any rate, their more frequent recognition, the book is indeed an addition to medical literature of great value. As a matter of fact, only after it comes to be better known will its true value be fully appreciated.

The Surgical Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago, April, 1913. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Baltimore: The Medical Standard Book Co. Paper, $8 per year.

Every physician, especially surgeon of any pretension, knows the worth of Murphy's Clinics, and it seems useless to try to impress upon them the necessity of receiving it regularly. If, however, there is one who does not think it necessary to his equipment, a careful perusal of any one volume since its first appearance will convince him that there are many points contained therein which are of practical use daily. The present issue contains such subjects as talks upon Essential Hemorrhage of the Uterus, Hysterectomy, with a full description of Murphy's Method for Hysterectomy; Pyloric Ulcer with Hyperthropy of Stomach Muscle; Duodenal Block (Result of Adhesions Following Attempted Perforation of Ulcer); Active Duodenal Ulcer Near Pylorus—Bleeding About Seven Hours Before Operation—A Few German Statics on the Button; Gastric Ulcer, a Talk by Mr. Robert Milne, F.R.C.S., of London; Recurrent Appendicitis, Retrocecal Appendix with Description of Murphy's Proctoclysis, etc., etc., the et ceteras being of as great interest as any of the subjects mentioned.

Massage, Manual Treatment, Remedial Movements, History, Mode of Application and Effects; Indications and Contra-indications. By Douglas Graham, M.D., Consultant and Instructor in Massage, Boston, Mass.; Member of the American Asociation for the Advancement of Science; of the American Medical Association, the Massachusetts Medical Society, etc., with a Chapter On Massage of the Eye by Dr. A. Darier, Paris, formerly President of the Ophthalmological Society of Paris; Chevalier of the Legion of Honor, etc. Fourth Edition, Rewritten and Enlarged. Seventy-five Illustrations. Philadelphia and London. J. B. Lippincott Company. Cloth. 1913.

The subject of massage is here considered by a well-trained doctor, who is in a position, by education and training, to weigh well its various features, and thus to give a scientific accounting of its physiological actions, and what, and what cannot, be expected of it along the line of treatment. Undoubtedly massage could be used to good advantage by the regular doctor, if he only knew what to expect of it, but, unfortunately, our school authorities as yet have not been awakened to the necessity of supplying this deficiency in their course, so the student leaves the college

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with only a hazy idea about massage, and in most instances that it is practiced by masseurs, chiro-practice or other ilk cults alone. Such an impression should be corrected, and students should be thoroughly drilled in mechanico-therapeutics, as they will find such agents of material benefit after leaving college. In the above-mentioned book Graham not only shows the place of massage in medicine, but he also performs the additional service of placing it upon a scientific basis. His labors will have the tendency to impress the profession of its woeful lack of knowledge in this art, and to awaken an interest in the subject. It is well written, full of humor, never for one moment dry, full of useful hints, excellently and scientifically arranged, and most minute when describing technic.

Textbook of Diseases of the Nose, Throat and Ear. For the Use of Students and General Practitioners. By Francis R. Packard, M.D., Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic Hospital and College for Graduates in Medicine; Aurist to the Out-Patient Department of the Pennsylvania Hospital. Second Edition 145 Illustrations. 1913. Philadelphia and London: J. B. Lippincott Company. Cloth, $3.50 net.

If you know anybody about to purchase a textbook on diseases of the nose, throat and ear, by all means advise him to buy Packard's. It is up-to-the-minute in arrangement, scientific treatment of the subject, diagnosis and treatment of the affections with which it treats. Here the student will find the elements of rhinology, otology, laryngology, in an attractive and easily assimilable form. In fact, in such form as to enable him to apply the knowledge thus learned to practical purposes when brought face to face with disease. We are particularly pleased with the elimination of abstract complicated theories and the pages devoted to what is reasonably well proven. This feature will, as heretofore, render the book attractive to seeker for the practical. It gives us great pleasure in recommending the second edition of Packard's Text-Book of Diseases of the Nose, Throat and Ear to our readers.

The Tonsils and the Voice in Science, Surgery, Speech and Song. A Comprehensive Monograph on the Structure, Utility, Derangement and Treatment of the Tonsils, and of Their Relationship to Perfect Tone Production. A Research Study With Original Contributions from the Highest Medical and Voice Authorities. By Richard B. Faulkner, M.D. (Columbia University). With an Introduction by Professor George M. Sleeth, Instructor in Elocution, Western Theological Seminary. Pittsburg, Pa.: The Presbyterian Book Store.

Physicians have the questions put to them on every hand. What is the function of the tonsil? If it serves no useful purpose, why is it placed in the body? Does its removal affect the voice in singing or talking? These and many other questions of a scientific nature have never been satisfactorily explained. In fact, those questioned have dismissed the query with an offhand reply, fully realizing that the explanation would not stand the strong light of scientific scrutiny. Faulkner is the first, so far as we are aware,

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who has attacked the subject in a scientific manner. He has not only treated the subject from a medical standpoint, but has also interwomen the opinions of the voice masters as to their ideas concerning the mechanical part played by the tonsil in the production of the voice. After describing what he considers a normal tonsil, not only from his own ideas as to what should constitute a healthy tonsil, but also as gleaned from the replies of numerous authorities, together with a description of the anatomy, histology, special anatomy and surgical anatomy, the author proceeds to a discussion of the physiology of the tonsil, of which the author states some are settled, the judgment upon others so uniform as almost to force conviction, and some unsolved. It is known that the ensemble of adenoid bodies composing Waldeyer's ring, situated at the entrance of the respiratory and digestive passages, constitutes the first line of defense against microbic invasion. The author is of the opinion that it is a vital mistake to remove an hypertrophied tonsil when at its height, as it is at this period that the process of phagocytosis through the tonsil is most active and represents its height of bacterial energy. However, with the sterility of biological and physilogico-chemical laboratory research, pertaining to the function of the faucial tonsil, the author questions the wisdom of classifying this origin as a component part of the Waldeyer ring, because,

(1) It lacks the most ordinary and essential features of the lymphatic structures, and of the tonsils that compose the ring.

(2) It possesses important mechanical, acoustic and phonetic functions which are not possessed by any other body of the ring.

Then stating that in no medical book can the mechanical defects of the tonsil be found, the author proceeds to demonstrate that (1) The faucial tonsil plays an important role in the mechanism of voice production. (2) The misuse of the voice by an incorrect method in singing or speaking acts in a mechanical way in causing enlargement, or disease, of the tonsil. (3) Tonsils enlarged, or diseased, through a wrong method of voice production, may be cured by the substitution of a correct method. (4) Tonsils that are swollen, tender and painful, caused by the misuse of the voice, will in turn, by their abnormal condition, hinder the proper action of the voice mechanism, and this hindrance will be relieved by proper use of the voice. (5) Removal of the normal faucial tonsil interferes with the mechanism of the voice. (6) The presence of the faucial tonsil being essential as a factor in voice mechanism, its absence necessarily interferes with the perfect action of mechanism and is necessarily inimical to the formation of a good singing or public speaking tone. (7) The mere absence of the normal faucial tonsil impairs and weakens—and the presence of adhesions, scars and contractions incidental to its removal, interferes with—the mechanism of the voice. According to the authorities quoted, vocalists on the whole depreciate the total removal of the tonsils, while medical men approve, though there are some notable exceptions. The entire tenor of the volume is to emphasize the crossing signal, stop, look, listen before tonsillectomy, as much damage may result thereby, and that tonsillectomies are not the panaceas which they have been painted. It is an able dissertation, along unique lines, based upon scientific facts, facts which, if better known and understood by the profession, would check the indiscriminate massacre which is now the approved practice.

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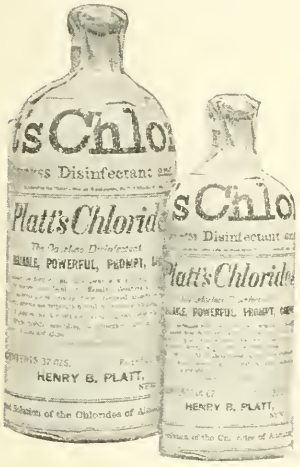
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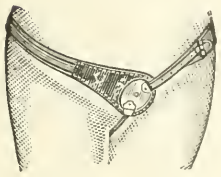

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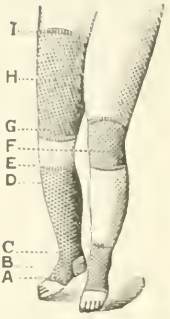

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This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Estimating a Drug's Merit.

IN estimating the merit of Bromidia (Battle) the features that should receive full consideration are its definite therapeutic potency and its freedom from the production of disagreeable after-effects, which latter, unfortunately, so frequently tend to neutralize the therapeutic efficiency of extemporaneously prepared bromide mixtures.

As a result of these advantages of Bromidia it has come into wide use as a simple hypnotic agent, especially in those states presenting a marked nervous element. Its marked sedative properties reduce nerve tension, and thus composing the sleepless patient, permit a more prompt and decided hypnotic action, Bromidia (Battle) will be found an ideal agent in insomnia, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects. With a minimum dosage a full sedative influence is exerted. The drugs entering into the composition of Bromidia, which need not be given here, for it is generally known, are chosen with the utmost care as to therapeutic power and purity.

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been gained through its meeting severe clinical demands.

The Advantages of an Elm Poultice.

THE value of topical applications of glycerine has long been recognized in certain skin diseases. Chemically pure undiluted glycerine, however, is somewhat irritant, but its action is soothing and curative as used with elm wool in Glyco-Ulmus, Lilly. These two ingredients combined with phenol and methyl salicylate, which favorably modify pathogenic processes in the skin, stimulate the local blood supply, and therefore improve nutrition, and meanwhile the elm wool serves its purpose as an absorptive in the reduction of serious accumulations and local inflammations. Such a combination as the above is prepared at the Lilly Laboratories and sold through drug channels under the descriptive label, Glyco-Ulmus, Lilly. It has the advantage of being much lighter than kaolin dressings and contains more glycerine. For this reason it is particularly adapted in pneumonia cases. If used early on boils, suppuration, it is said, will not occur. It is cleaner and much easier to remove than the kaolin dressings. Glyco-Ulmus, Lilly, is supplied in six-ounce and one-pound glass jars.

Clinical Results with the Phylacogens.

UNDER the above caption Dr. R. W. Locher, Grafton, W. Va., in the *Memphis Medical Monthly*, has this to say: "In judging the therapeutic value of a new preparation it is advisable that a great number of case reports be considered, and in order that the medical profession may have a great number of cases from which to judge it is the duty of every physician to report such results as he may have. The Phylacogens are of comparatively recent origin, and yet even at this early date they have displayed their ability to produce satisfactory, and in some cases remarkable, results in the treatment of a great variety of pathological conditions. * * *

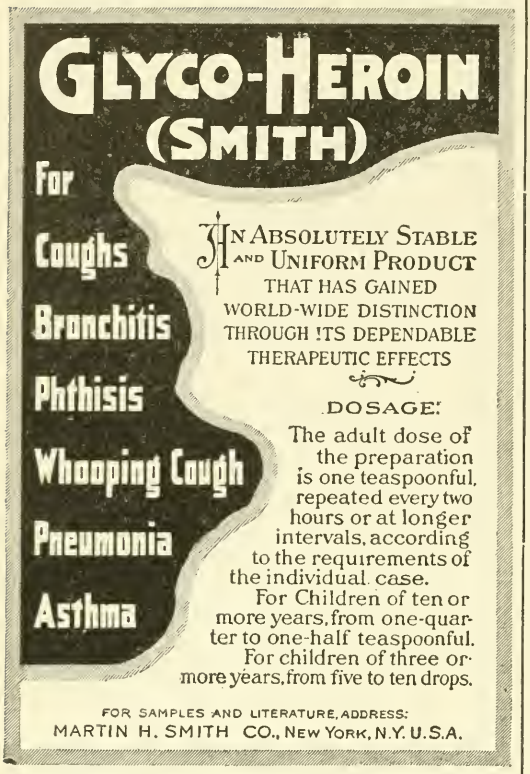
"We are informed that the Phylacogens are not claimed to be a 'cure-all' in any sense of the word, but simply valuable therapeutic agents in the treatment of numerous infectious conditions. From the very fact that all but Mixed Infection Phylacogen are to be directed against specific infections, it is necessary, before employing them, to make an accurate etiological diagnosis. For obvious reasons one cannot expect to produce results if Rheumatism Phylacogen is administered in a case that is really one of gonorrheal arthritis. Neither will an osteomyelitis or a syphilitic periostitis yield to Rheumatism Phylacogen, but the former may be logically treated with Mixed Infection Phylacogen. It would seem that this latter Phylacogen will ultimately prove of great value to the surgeon in combating post-operative infections, as well as infections following injuries of all kinds."

The writer then details 14 case reports, covering a variety of diseases, and adds this by way of comment:

"From the foregoing cases it would be possible to draw numerous conclusions. What is especially striking, however, is that the Phylacogen treatment is apparently successful in the vast majority of cases, and seems to give prompter and more definite results than is possible to secure with the usual recognized treatments. As a physician's experience increases he finds a greater number of cases in which each of the Phylacogens may be used, with the expectation of great benefit resulting therefrom. In any event it must be conceded that Phylacogen in its various forms presents great possibilities and must be classed as a therapeutic agent which is more than worthy of trial."

The Test of a Tonic.

THE field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone," but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or reconstructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and assimilable as Pepto-Mangan (Gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom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A MEDICAL writer a short time ago called the attention of his fellow practitioners to the large number of untoward conditions resulting to the human race from the erect posture. From a superficial point of view, this might be considered almost as a joke, but those who are familiar with the real facts would fail to see anything in it in the nature of a joke.

The fact is that a great many disabilities of varying importance are due almost exclusively to the erect posture. The old system was to temporize, and alleviate the various unfavorable symptoms with internal medicines, or, in some cases, by surgical procedure. It has been found, however, that a great deal can be accomplished by the use of the abdominal supporter or binder, but it requires a very accurate knowledge of anatomy to make these deductions. Dr. Katherine L. Storm has earned the appreciation of a great many prominent physicians and surgeons by her remarkable skill in correcting some of these mistakes made by nature.

It is seldom one's good fortune to develop proficiency exactly along the lines in which nearly everyone else is a novice. There are so many clumsy and disappointing ways of treating relaxed sacroiliac conditions, for instance, that Dr. Storm's method of doing it all with a supporter recalls the Columbus egg story. Another gratifying result was the application of this principle to the alleviation of the symptoms associated with pertussis, while with the hernias it has proved a great success.

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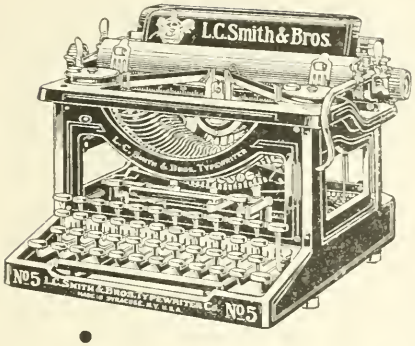

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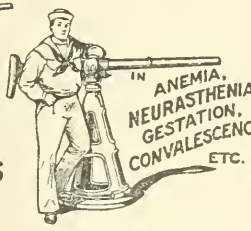

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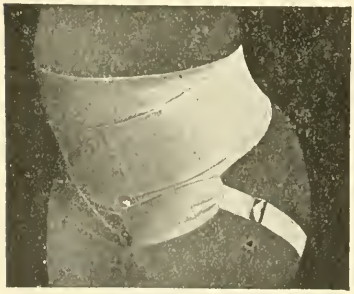

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